

EFFECT OF EARLY COMPLEMENTARY FEEDING AND BREAST FEEDING TYPES ON THE RATE OF INFANT DIARRHOEAL AND CHEST INFECTIONS IN OGUME COMMUNITY, DELTA STATE, NIGERIA.

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ABSTRACT

Eighty-nine infants, between 2-6 months were randomly selected in Ogume community. Their mothers were interviewed using questionnaires guide in order to derive information on breastfeeding practices and associated diarrhoeal and respiratory infections. Results show that (24.7%) and mixed (59.6%) breastfeeding. Mixed feeding was started in 40 infants between 2-3 months, and 9(22.5%) and 12(30.0%) exclusive breastfeeding was low 15.7%, compared with predominant breast feeding 84.3%. a greater proportion of these infants 56.2% had early introduction of complementary feeds, compared to 43.8% who had timely introduction. 12(30.0%) of these infants had episodes of diarrheal and chest infections, respectively. The community needs education on the benefits of appropriate breastfeeding practices.

KEYWORDS: Diarrhoeal, Ogume, Breast feeding, chest infection, infant mortality

INTRODUCTION

The benefits of breast feeding are well known. It is the safest and optimal means for feeding a baby (Butte *et al.*, 2002; WHO, 2002). The global strategy for infant and young child feeding, invites governments and relevant institutions to promote and support exclusive breast feeding for six months and continued breast feeding for 2 years or beyond, and to promote timely introduction of safe, appropriate complementary feeding with continued breast feeding (WHO 2002). Adopting the WHO strategy can greatly reduce infant morbidity and mortality, and could become an important tool for achieving one of the objectives of the millennium development goals (MDG) which aim at reducing (by 2/3rd) infant mortality and morbidity by the year 2015 (Jones, *et al.*, 2003; UNICEF, 2002).

Improving community breastfeeding practices require formative researches which could reveal the community's capacity for optimal infant feeding practices. Information derived from such researches could induce behavioural changes that need to be modified, with the ultimate goal of improving breast feeding practices (Guerrero, *et al.*, 1999). This research investigates the relationship between complementary and breastfeeding practices, and infant cases of diarrhoeal and respiratory infections in Ogume Community of Delta State, Nigeria.

MATERIALS AND METHODS

Study community: Ogume Community in Delta state Nigeria was selected for this study. The community is relatively a small in ruled by the eldest man called the "Okpalakwu". Inhabitants of the community subsist on farming and average earning is less than 2US dollars per day for most families. Ogume has a small health center, which lacks BFHI facilities, its health personnels lack adequate training in infant and young child feeding.

Interview exercise: Semi-structured interviewer's questionnaire was used to gather the relevant information from 89 infants, aged 2-6 months of age via their mothers as direct respondents. The sample size (89) is a good representation of the target population as judged by statistical estimation.

RESULTS

The data gathered from the study are summarized in Table 1.

Table 1: Information on breastfeeding practices and associated diarrhoeal and chest infections in Ogume community.

	Infants age(months)	n	Diarrhoea	Chest infections
Type of feeding				
1.Exclusive breastfeeding		14		
	2-3	12	0	0
	4-5	2	0	0
	≥6	0	0	0
2. Predominant breast feeding		22		
	2-3	20	1(5.0)	2(10.0)
	4-5	2	1(50.0)	1(50.0)
	≥6	0	0	0
3. Mixed breastfeeding		53		
	2-3	40	9(22.5)	12 (42.9)
	4-5	13	7(53.9)	5(38.5)
	≥6	0	0	0

n=Number of infants. Values in parenthesis are percentage expressions

Table 1 shows the breastfeeding practices in Ogume Community. Only 14(15.7%) of the understudied infants were exclusively breastfed compared to 22(24.7%) who were predominantly breastfed and 53(59.6%) who received mixed breastfeeding.

Most cases of diarrhoeal (Table 1) were seen in babies in the mixed breastfeeding group (51.6%), compared with those on predominant breastfeeding (9.7%). No cases of diarrhoeal were seen in babies exclusively breastfed.

Also, most cases of respiratory infection (Table 1) were seen in babies given mixed breastfeeding 17(68.5%) compared with those given predominant breastfeeding 3(60.0%), and none was observed in babies given exclusive breastfeeding.

The earlier the introduction of complementary (mixed) feeding, the greater the risk of diarrhoeal and chest infection as evidenced by the proportion of infected infants between 2-3 and 4-5 months.

DISCUSSION

Our results show low exclusive breastfeeding rate (15.7%) in Ogume community, and when compared with the global average of 39% for babies at 4 months of age or less which is still considered low. 56.3% of the infants received early complementary feeds. Our data suggest that non-exclusive breastfeeding practices and early introduction of complement feeds may increase the risk of a baby to diarrhoea illnesses and respiratory infections and this confirm earlier reports (Brown, *et al.*, 1989). Results showed that the risk for diarrhoea and respiratory infections for non -exclusively (predominant) breastfed babies and in babies with early introduction of complementary feeds, increased among younger babies. Available evidence indicate that exclusive breastfeeding and timely introduction of safe and adequate complementary feed at 6 months of age could reduce acute respiratory infections and diarrhoeal diseases among infants and this agrees with the observations of Arifeen, *et al.* (2001). Some of these babies received poor complementary feed. Our observation shows that 25.8% received pap (plain corn gruel), only while 12.4% had corn gruel with soya milk. The introduction of poor complementary feeds to young babies, in addition to reducing a mother's capacity to breastfeed effectively, can induce nutritional deficiency in babies. Exclusive breastfeeding provides full nutrient complements for term babies in their first six months of life (Butte, *et al.*, 2002). This survey reveals poor infant feeding practices in Ogume community.

The community needs urgent education on proper feeding practices. Therefore interventional programmes that would promote optimal infant and young child feeding in Ogun is most desirable in order to reduce the rate of diarrhoeal and respiratory infections associated with poor infant feeding practices.

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